

1. TRANSMITTAL NUMBER:
04-06

2. STATE

Alaska

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE
SOCIAL SECURITY ACT (MEDICAID)

TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE
April 1, 2004

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:
42 CFR 435

7. FEDERAL BUDGET IMPACT:

a. FFY	\$0
b. FFY	\$0

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):

Supplement 1 to Attachment 2.6-A, Page 1
Supplement 1 to Attachment 2.6-A, Page 3
Supplement 1 to Attachment 2.6-A, Page 6

Supplement 1 to Attachment 2.6-A, Page 1
Supplement 1 to Attachment 2.6-A, Page 3
Supplement 1 to Attachment 2.6-A, Page 6

10. SUBJECT OF AMENDMENT:

Increase in Federal Poverty Guidelines for Alaska

11. GOVERNOR'S REVIEW (*Check One*):

☐ GOVERNOR'S OFFICE REPORTED NO COMMENT
☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMIT

☒ OTHER, AS SPECIFIED:
Does not wish to comment

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME:

Jerry Fuller

14. TITLE:

Alaska Medicaid Director

15. DATE SUBMITTED:

June 28, 2004

16. RETURN TO:

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: JUL - 1 1964

18. DATE APPROVED: SEP 14 2007

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL

20. SIGNATURE OF REGIONAL OFFICIAL

21. TYPED NAME:

Karen S. O'Connor

22. TITLE

Associate Regional Administrator

23. REMARKS

Division of Medical & Children's Health

POSTmark: 6/29/04 Juneau

INCOME ELIGIBILITY LEVELS

A. MANDATORY CATEGORICALLY NEEDY

1. AFDC-Related Groups Other Than Poverty Level Pregnant Women and Infants:

	Family Size	Need Standard	1996 Payment Standard	Maximum Payment Amounts
a. AI	2	\$ 914	\$ 821	\$ 821
	3	1,028	923	923
	4	1,142	1025	1025
	5	1,256	1127	1127
	each additional	114	102	102
b. ANI	1	\$ 503	\$ 452	\$ 452
	2	617	554	554
	3	731	656	656
	04	845	758	758
	each additional	114	102	102
c. UP/INCAP	2	\$ 914	\$ 821	\$ 821
Parent	3	1028	923	923
	4	1142	1025	1025
	5	1256	1127	1127
	each additional	114	102	102
d. Single Adult		\$ 573	\$ 514	\$ 514

2. Pregnant women and infants under Section 1902(a)(10)(i)(IV) of the Act:

Federal Poverty Guidelines For Pregnant Women and Infants 133% Effective beginning 4/1/2004	
Family Size	Income Level
1	\$ 1,289
2	1,731
3	2,172
4	2,613
5	3,054

INCOME ELIGIBILITY LEVELS (Continued)

B. OPTIONAL CATEGORICALLY NEEDY GROUPS WITH INCOMES RELATED TO FEDERAL POVERTY GUIDELINE

1. Pregnant Women and Infants

The levels for determining income eligibility for optional groups of pregnant women and infants under the provision of sections 1902(a)(10)(A)(ii)(IX) and 1902(l)(2) of the Act are as follows:

Based upon <u>175%</u> of the official Federal Poverty Guideline for Alaska for 2003 (no less than 133% and no more than 185%).	
Beginning benefit month of 09/2003	
Family Size	Income Level
1	\$ 1,635
2	\$ 2,208
3	\$ 2,782
4	\$ 3,355
5	\$ 3,928

INCOME ELIGIBILITY LEVELS (Continued)

**C. QUALIFIED MEDICARE BENEFICIARIES WITH INCOMES RELATED TO
FEDERAL POVERTY GUIDELINE**

The levels for determining income eligibility for groups of qualified Medicare beneficiaries under the provisions of section 1905(p)(2)(A) of the Act are as follows:

1. NON-SECTION 1902(f) STATES

a. Based on the following percent of the official Federal income poverty level:

Eff. Jan 1, 1989: ____ 85 percent ____ ____ percent (no more than 100)

Eff. Jan 1, 1990: ____ 90 percent ____ ____ percent (no more than 100)

Eff. Jan 1, 1991: 100 percent

Eff. Jan 1, 1992: 100 percent

b. Levels

Federal Poverty Guidelines for QMB	
100%	
Effective beginning 4/1/2004	
Family Size	Income Level
1	\$ 970
2	\$1,301